

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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33	1					
34		1				
35	1					
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38						
39	1					
40	1					
41	1					
42		2				
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45						
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49						
50						
TOTAL IND.	6					
TOTAL DEP.						
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						